DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; that I verily believe I am the original, first and sole inventor of the invention entitled:

ERGONOMIC TOOL BOX

which is described and claimed in:

the attached specification.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the patentability of this invention in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorney(s) and/or agent(s), with full powers of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<u>Name</u>	Regn. No.	<u>Name</u>	Regn. No.
Gerald O.S. Oyen Blake R. Wiggs Bruce M. Green David J. McGruder Thomas W. Bailey	27,280 29,505 30,524 32,375 36,411	Gavin N. Manning George F. Kondor Craig A. Ash Hilton W.C. Sue	36,412 40,477 48,228 51,325

Please direct all telephone calls to Oyen Wiggs Green & Mutala at Tel. No. 604-669-3432. Please direct all faxes to Oyen Wiggs Green & Mutala at Fax No. 604-681-4081. Please address all correspondence to:

Oyen Wiggs Green & Mutala Suite 480—The Station 601 West Cordova Street Vancouver, British Columbia Canada V6B 1G1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the

United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole

or first Inventor:

Robert O Sulliva

Inventor's signature:

Date:

Residence Address: 151:

1515 Kings Avenue

West Vancouver, British Columbia V7V 2B3

Canada

Citizenship:

Canadian

Mailing Address:

Same as residence